



RECORD OF STORE CLOSING

State Form 1588 (R4 / 2-06)

**INDIANA BOARD OF PHARMACY
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2067
www.pla.IN.gov

NOTICE: Notify the Board not less than twenty (20) days before the transfer of controlled substances by completing section 1 and 2 and mailing this form to the Board. To properly transfer controlled substances, permission should be sought from the Federal Drug Enforcement Administration.

INSTRUCTIONS: *The following steps need to be followed to properly close a pharmacy:*

1. *Destruction of controlled substances will occur in the presence of the Indiana Board of Pharmacy Inspector at the time of the closing inspection. All drugs to be destroyed (including quantities) must be listed on the proper form prior to the inspection. Schedule II's must be accurately counted; Schedule III's, IV's and V's may be estimated if they are in bottles of 1000 or less. The federal form which is required for destruction may be obtained through the Board's office. All drugs to be destroyed must be listed on the proper form prior to the inspection.*
2. *Before submitting the licensed premises to an inspection all legend and controlled drugs (with the exception of those that the inspector will destroy), must be removed from the premises.*
3. *Remove from inside and outside the licensed area all symbols and signs using the word "drugs", "drugstore", "prescriptions", "pharmacy", "pharmacy department", "apothecary", "apothecary shop", or any combination of such titles. This must be done before the closing inspection.*
4. *At the time of the inspection the Indiana Board of Pharmacy Permit and State Controlled Substances Registration Certificate must be surrendered to the inspector. If these items are not locatable, an affidavit attesting to the loss of them must be completed and this affidavit will be turned over to the inspector.*
5. *The final inventory of controlled substances will be reviewed by the Board's representative at the time of the inspection.*
6. *The federal DEA certificate, unused order forms, and final inventory will be forwarded by the holder to the Federal Drug Enforcement Administration.*

SECTION I		
Name of pharmacy		Permit number
Address (number and street, city, state, and ZIP code)		
Name of owner	Name of pharmacist / manager	Proposed date of closing (month, day, year)
SECTION II		
Proposed date for transfer of controlled substances (month, day, year)	Controlled substances to be transferred <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of pharmacy receiving controlled substances		
Address (number and street, city, state, and ZIP code)		
Federal registration number of pharmacy / entity receiving controlled substances:		
SECTION III		
Removal of legend drugs <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of pharmacy		
Address (number and street, city, state, and ZIP code)		
SECTION IV		
Signature of owner		Date signed (month, day, year)
Signature of pharmacy / manager or designee		Date signed (month, day, year)
Signature of Indiana Board of Pharmacy inspector		Date signed (month, day, year)
Comments:		

DISTRIBUTION: White - Agency; Canary - Store file; Pink - Owner / Manager